

STATE OF VERMONT PERSONAL EXPENSE CLAIM

Name		Town of Residence		Department/Board or Commission					
Address									
Social Security No.		Position Title							
Date	Explanation	Travel		Break-fast	Lunch	Dinner	Lodging	Other	Total
		Miles	Amount						
								GRAND TOTAL	

I certify under the pains and penalties of perjury, that the foregoing is a correct statement of the time actually spent, mileage actually and constructively traveled, and amounts necessarily incurred or paid by me in the discharge of my duties. (32 V.S.A. 464)

\_\_\_\_\_ Claimant's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Supervisors Approval

\_\_\_\_\_ Date